## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10770400

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|-----------------|---------------------------------------|--------------|------------------------------------|---------------------------------------|----------------|------------------------|----------------|--------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                                           |                 |                                       |              |                                    |                                       | AALL E         | NTITY                  | OR             | •                  | R THAN<br>ENTITY       |
| T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | OTAL CLAIMS                                    | <u>-</u>                                  | 21              |                                       |              |                                    |                                       | RATE           | FEE                    | 7              | RATE               | FEE                    |
| F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DR .                                           |                                           | NUMBER FILED    |                                       | NUMBER EXTRA |                                    | - ⊢                                   | ASIC FEE       | <del> </del>           | OR             | BASIC FEE          | <del>†</del>           |
| TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | OTAL CHARGE                                    | ABLE CLAIMS                               | 2 minus 20= 1   |                                       | * <i>N</i>   |                                    |                                       | <br>X\$ 9=     |                        | 7              | X\$18=             | 10                     |
| INI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DEPENDENT C                                    | CLAIMS                                    | minus 3 = *     |                                       |              | N .                                |                                       | _              |                        | OR             |                    | 18                     |
| ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | JLTIPLE DEPE                                   | NDENT CLAIM P                             | <u> </u>        |                                       |              |                                    | $\vdash$                              | X43=           |                        | OR             | X86=               |                        |
| * If the difference is column to in large the second secon |                                                |                                           |                 |                                       |              |                                    | L                                     | 145=           |                        | OR             | +290=              |                        |
| * If the difference in column 1 is less than zero, enter "0" in column                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                                           |                 |                                       |              | column 2                           | T                                     | OTAL           |                        | OR             | TOTAL              | 788                    |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                                           |                 |                                       |              | S                                  | MALL                                  | ENTITY         | OR                     | OTHER<br>SMALL |                    |                        |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGHE<br>NUMB<br>PREVIO<br>PAID F     | ER<br>USLY   | PRESENT<br>EXTRA                   | F                                     | RATE           | ADDI-<br>TIONAL<br>FEE |                | RATE               | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Total                                          | *                                         | Minus           | **                                    |              | =                                  | >                                     | (\$ 9=         |                        | OR             | X\$18=             |                        |
| AME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Independent                                    | *                                         | Minus           | ***                                   |              | =                                  | \ \rac{1}{2}                          | (43=           |                        | OR             | X86=               |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                                           |                 |                                       |              |                                    |                                       | 145=           | ·                      | OR             | +290=              |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                           |                 |                                       |              |                                    |                                       | TOTAL          |                        | 4 4            | TOTAL              |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                | (Column 1)                                |                 | ADD                                   | IT. FEE      |                                    | OR ,                                  | ADDIT. FEE     |                        |                |                    |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>                                       | CLAIMS                                    | <u> </u>        | (Colum                                |              | (Column 3)                         | _                                     |                |                        |                |                    |                        |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                | REMAINING                                 |                 | NUMB                                  |              | PRESENT                            | 1_                                    |                | ADDI-                  | 1 1            |                    | ADDI-                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                | AFTER AMENDMENT                           |                 | PREVIO                                |              | EXTRA                              | RATE                                  | ATE            | TIONAL<br>FEE          | 1 1            | RATE               | TIONAL<br>FEE          |
| AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Total                                          | *                                         | Minus           | **                                    | <del></del>  | =                                  | ×                                     | \$ 9=          |                        | OR             | X\$18=             | FEE                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Independent                                    | *                                         | Minus           | ***                                   |              | = .                                | X                                     | 43=            |                        | OR             | X86=               |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                 |                                       |              |                                    |                                       |                |                        |                |                    |                        |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                           |                 |                                       |              |                                    |                                       | 45=            |                        | OR             | +290=              | •                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                           | TOTAL<br>T. FEE |                                       | OR A         | TOTAL<br>DDIT. FEE                 |                                       |                |                        |                |                    |                        |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                |                                           |                 |                                       |              |                                    |                                       |                |                        |                |                    |                        |
| MEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | `                                              | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGHE:<br>NUMBE<br>PREVIOL<br>PAID FO | ER<br>JSLY   | PRESENT<br>EXTRA                   | R/                                    | ATE            | ADDI-<br>TIONAL<br>FEE |                | RATE               | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Total                                          | *                                         | Minus           | ##                                    |              | =                                  | X                                     | 9=             |                        | OR             | X\$18=             |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Independent                                    | *                                         | Minus           | ***                                   |              | =                                  | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 13=            |                        | F              | X86=               |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                 |                                       |              |                                    |                                       |                |                        | OR             | ×00=               |                        |
| * If                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | the entry in colun                             | nn 1 is less than the                     | entry in colur  | nn 2 write "(                         | )" in colu   | ımn 3                              |                                       | 45=            |                        | OR             | +290=              |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                                           |                 |                                       |              |                                    |                                       | OTAL<br>I. FEE |                        | OR A           | TOTAL<br>DDIT. FEE |                        |
| Ť                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | he "Highest Num                                | ber Previously Paid                       | For" (Total or  | independent                           | t) is the i  | is, enter is."<br>highest number t | ound in                               | the appr       | opriate box            |                |                    |                        |